

Patient satisfaction with healthcare services: Bangladesh perspective

Abdul Kader Mohiuddin

Secretary and Treasurer, Dr. M. Nasirullah Memorial Trust, Tejgaon, Bangladesh

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ABSTRACT

Patient satisfaction is a useful measure for providing a quality benchmark for healthcare services. Concern about the quality of healthcare services in Bangladesh has led to a loss of confidence in healthcare providers, low use of public health facilities and increased outflows of patients from Bangladesh to hospitals abroad. The key obstacles to access to health services are insufficient infrastructure and poor quality of existing facilities, lack of medical equipment, scarcity of doctors due to high patient load, long distance to the facilities and long waiting times until facilities have been reached, very short appointment hours, lack of empathy of health professionals, their generally callous and casual attitude, aggressive pursuit of monetary gains, poor levels of competence and, occasionally, disregard for the suffering that patients endure without being able to voice their concerns—all of these service failures are reported frequently in the print media. Such failures can play a powerful role in shaping patients' negative attitudes and dissatisfaction with healthcare service providers and healthcare itself.

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Corresponding Author:

Absul Kader Mohiuddin,

Secretary and Treasurer,

Dr. M. Nasirullah Memorial Trust, Tejgaon, Dhaka 1215, Bangladesh.

Email: dr.m.nasirullah.trust@gmail.com

1. INTRODUCTION

Bangladesh, a lower-center economic system in South Asia, has been encountering a statistic and epidemiological trade with rapid urbanization and a gradual increment in future [1]. It is the seventh most populous in the world. Population is predicted to be nearly double through 2050 [2]. The growing burden of noncommunicable diseases (NCDs) in Bangladesh can be attributable to speedy urbanization and nearly 50% of all slum dwellers live in Dhaka division [3, 4]. According to World Bank's country environmental analysis (CEA) 2018 report, air pollution lead to deaths of 46,000 humans in yearly in Bangladesh [5]. High stage of pesticides content is existing in grains, pulses, in fruits and vegetables; adulteration mentioned via Institute of Public Health (IPH) in nearly 50% of market samples [6] and fecal bacteria found in 97% bottled mineral water [7]. Although there is a declining fashion of toddler malnutrition however the incidence of baby malnutrition is still high [8]. About 2/3rd of the total health expenditure is from out-of-pocket (OOP), and of this, 65% is spent at the personal drug retail stores [9]. There is little appraisal of the nature of dealer care, low stages of professional statistics and terrible use of abilities. Bangladesh does not have a suited physique for discretion of objections against fitness providers. Hospital or health facility authorities address complaints and disputes independently, except involving the government or felony entities [10]. 'Negligence of Physicians' and 'Wrong Treatment' have become commonly-used phrases in print and

electronic media of Bangladesh, whilst violence towards the physician in Bangladesh (by sufferers or by means of their associates) has been accelerated and the severity has been intensified simultaneously [11].

2. RESEARCH METHOD

Research directed an all year complete writing search, which covered specialized bulletins, newspapers, journals, and numerous exceptional sources. The present study used to be started out at the opening of 2019. PubMed, ALTAVISTA, Embase, Scopus, Web of Science, and the Cochrane Central Register have been fully searched. The keywords were used to search for exclusive publishers' journals such as Elsevier, Springer, Willey Online Library, and Wolters Kluwer which had been notably followed. Medicine and technical experts, pharmaceutical enterprise representatives, clinic nurses, and journalists have been given their precious suggestions. Projections were based totally on patient experience, expectations and motives of dissatisfactions amongst Bangladeshi population with the existing healthcare services.

3. PRESENT HEALTHCARE SITUATION

Harvard Professor Sue Goldie credited Bangladesh for reducing under-5 infant mortality by using 80%, the very best in South Asia and being on goal to attain 2015-MDG5 purpose of lowering maternal mortality ratio of 1990 by means of three-quarters [12]. The current doctor-patient ratio in Bangladesh is only 5.26 to 10,000, that places the us of a at 2nd position from the bottom, among the South Asian countries, in accordance to the WHO [13]. According to Bangladesh Medical and Dental Council, between 2006 and 2018, there have been 25,739 registered male physicians (47%) and 28,425 female physicians (53%) in the us of a [14]. Average consultation length is used as an effect indicator in the most important care monitoring device which was located used to be found a much less than a minute to an out of doors affected person [5]. An common 1.5 hours is to spend to see a physician in Dhaka Medical College and other public clinic outdoors, every so often there are no physicians due to publish emptiness [15-17]. Patients' war for integral services during any ailment outbreak in sanatorium indoor and outside is frequent Figure 1. Overall, 67% of the healthcare price is being paid by using people, whereas international widespread is beneath 32%. Only one clinic bed is allotted per 1667 people, and 34% of total posts in health region are vacant due to shortage of dollars [18]. In a low socio-economic united states like Bangladesh, nurses fighting in a grossly underfunded healthcare machine to deliver care to the people. Substantial remarkable burdens; absence of authorities convenience and transportation; surprising frailty status; absence of help from nursing directors; absence of advancement openings; insufficient medical health facility strategies and systems; and lack of night time shift and danger allowances suggested by way of Akter et.al, 2019 [19]. Bangladesh Health Facility Survey (BFHS), 2017 exhibits that more than 70% of rural health facilities do no longer have all six basic equipment objects (thermometers, stethoscopes, blood pressure gauge, weighing scales for toddlers and adults, and torchlights) [20]. Just around half of doctors utilized in public hospitals at region to association sub-focus level are happy with accessibility of medications in their facilities, suggesting widespread lack of medications stocks in public facilities [21]. In 2013/2014, the Infant Mortality Rate, which in urban areas overall is 34 per 1000 live births and 40 in rural areas, rises to almost 70 in urban slum areas [22]. Sir William Osler says "One of the first duties of the physician is to educate the masses not to take medications". Bangladesh has an estimated 100,000 licensed retail drug shops and a further 100,000 unlicensed drug shops [23, 24]. They are largely unregulated and unaccountable, and run by salespersons who are mostly trained informally through a process of 'apprenticeship' [23], where majority of medicines were dispensed irrationally without any prescription and OTC dispensing of many low safety profile drugs is common [25]. More than 80% of the population seeks care from untrained or poorly trained village doctors and drug shop retailers [24]. The post disaster management in Bangladesh is inadequate due to lack of proper compensation, inadequate or inaccessible healthcare facilities, and the slow rehabilitation process to accommodate the survivors of disasters within the mainstream society [26]. The recent Dengue outbreak caused more than 50,000 hospitalizations in August, 2019 alone [27] and around 100,000 hospitalizations and claimed 112 deaths from January to October, 2019 [28], where hospitals were not able to handle the huge number of patients flooding the hospitals [29]. The country is hosting 1.1 million Rohingya refugees [30], who are posing serious threat of diphtheria [31-33], HIV and other STDs transmission [34, 35].



Figure 1. Patients' Struggle in a Bangladeshi Public Medical College Indoor [36-41]

Unsurprisingly, loss of life due to “wrong treatment” or medical negligence and doctors' incompetence have been reported in the media all the year-round. Laws such as the Penal Code 1860, Code of Criminal Procedure 1898, Consumer Rights Protection Act, 2009 underneath which cases can be filed for criminal remedies. In the match of dying due to medical negligence, cases may be filed under the penal code, 1860, as death via negligence is a crook offence and is punishable beneath area 304A of the penal code. There are additionally provisions for imprisonment and quality which are equally relevant to both the medical practitioner and the complainants. In the realm of therapeutic care, challenges are: public hospitals face no competition, have neither built-in incentive gadget nor any tradition to put in force self-discipline and habits guidelines and punish the recalcitrant; there is no mechanism either to evaluate individual's overall performance or that of any healthcare institution. Doctors generally give little time, frequently less than one minute, to take a look at patients and mistreat them; fixated mind-set of medical institution workforces who overestimate their very own performance, care little about the patients' experiences and don't be aware of that patients' satisfaction index is related to medical outcome.

4. SYSTEM COLLISION WITH TRADITIONAL MEDICINE

There are around 86,000 villages in the us of a and almost each village has one or two common practitioners [42]. Over 65% of the population of Bangladesh obtain first-line healthcare offerings exceptionally from village medical practitioner [43]. two An estimated 70% to 75% human beings of the united states of america use ordinary medicinal drug for their healthcare [44, 45]. Also, 70% of the ladies used at least one herbal product during their closing pregnancy, primarily besides session of a certified healthcare practitioner [30]. Again, alternative/traditional remedy are no longer protected in the scientific college curriculum besides in Ayurvedic Medical College of Bangladesh. Illiteracy, poor monetary status, cultural context, unpredictable prognosis and treatment cost, absenteeism of medical practitioner in rural fitness complexes, divergent medical opinions, unhealthy competition between health companies and their tendency to linger cure procedure, poor grasp of highly-priced medical assessments and unnecessary meals dietary supplements as nicely as easy availability and accessibility of choice medicinal drug diverted the sufferers to searching for assist from orthodox to choice remedy two [46-52].

5. DRUG COST VS OOP EXPENDITURES

Due to high competition in the pharmaceutical industry, aggressive advertising and marketing techniques have been adopted through the distinct medicine companies. The doctors, willingly or unwillingly, become phase of the system with few exceptions. This unethical promotion honestly drives them towards prescribing high valued or needless medicines [53-59]. Very often, medical representatives rush at top hours and aggressively pulls patient prescriptions in the identify of survey. Prescribing antibiotics

in 44% consultations, prescribing of 3 or extra drugs in 46% in city centers and 33% in neighborhood fitness facilities [29] truly elevate OOP expenditure and create sturdy repulsion in the direction of modern-day remedy the place almost 22% of the populace is under poverty line [60, 61]. Moreover, medical doctors are more often accused to take 30% to 50% commission on a test from hospitals/diagnostic facilities [51, 62, 63]. Neither the regulatory authority nor the professional or customer rights our bodies has any position to manage or rectify the technique [53]. Annually around 3.5% households (corresponding to approximately 5 million people) are pushed into poverty due to OOP outlays wherein continual non-communicable diseases are the principle contributor [64, 65]. Khan et.al, 2017 further revealed that households spend 11% of their total budget on healthcare wherein 9% households faced financial catastrophe, wherein 16.5% of poorest and 9.2% of the richest households faces catastrophic health expenditure [65]. Studies reported that detrimental coping strategies and lack of healthcare expenditure protection for health care often negatively affect future income and can magnify people's vulnerability and hardship [66].

6. DOWNGRADING IMAGE OF SUPPLIED MEDICINES

Fake drugs kill more than 250,000 children a year worldwide [67]. Ensuring quality health service is impossible without availability of medicines because it is one among the essential requirements of individuals, said former DGDA of Bangladesh [68]. Counterfeit medicines may cause avoidable morbidity, mortality, drug resistance, early death or treatment failure, also as loss of religion in health systems, especially in low-income and middle-income countries [69]. Rural people, who are believed to be unaware of things are generally the victims of the adulterated medicines. "People are taking poison without knowing it," consistent with the Dean, faculty of Pharmacy at the Dhaka University, who noted sales of counterfeit or sub-standard medicines are commonest in rural areas thanks to the lower levels of health awareness and formal education there [70]. consistent with a survey by Bangabandhu Sheikh Mujib Medical University, as many as 2,700 children died thanks to kidney failure after taking toxic syrup from 1982 to 1992. The accused companies took a more reasonable approach. Recognizing that 90% of their products had no scientific validity, they argued that the fault lay with the Drug Administration which shouldn't have permitted their products within the first place [71]. Recently, tons of individuals are being cheated in buying adulterated insulin [72]. consistent with the drug market intelligence, an estimated Tk 600 crore of counterfeit medicines is traded within the Tk 18,000 crore medicine market in Bangladesh annually [73-75]. the govt revoked licenses of 20 pharmaceutical companies for producing adulterated and low-quality medicine back in 2016 [76]. Besides those, the parliamentary panel recommended that licenses of 14 companies to manufacture antibiotics (penicillin, non-penicillin and cephalosporin groups) be revoked and permission of twenty-two companies to supply medicine of penicillin and cephalosporin groups be suspended [54, 77-82]. The court also ordered the government to immediately stop these conglomerates from manufacturing drugs. But the government is yet to act on it. 370 cases of fake medicines had been filed in the first 6 months of 2019, according to the DGDA [83]. Even hospitals like Apollo and United, were accused for keeping and selling of substandard reagents and drugs [54]. It should be further noted that, there are two Govt. Drug Testing Laboratories in the country, one unit in Chittagong and another in Dhaka [84, 85]. They are fully-equipped with modern machines and other testing facilities but their performance is much lower than (5% of the total produce) present demand where there are more than 275 pharmaceuticals companies have more than 25,000 brands that produce more than 100,000 batches of medicines [86].

7. QUALITY OF MEDICAL EDUCATION

In a parliamentary session June 2019, the Health Minister informed that on the brink of 50% teaching positions are vacant publicly medical and dental colleges, where most of the vacant posts are of the essential subjects [87, 88]. The disappointing poor performance of the private medical colleges noted from the honorable prime minister during a seminar on critical disease treatment in Bangladesh [89]. A deficit in 65% teaching staffs in both public and personal medical colleges has also been reported [90]. Generally, 80% of medical education should be provided to students through practical classes-the rest is theoretical knowledge. But in some private medical colleges, students don't get to ascertain patients even in their fourth year [91]. Doctors without adequate practical and field-based applied knowledge are increasingly become risk factors to the patients they happen to treat. If a degree-holding doctor fails to seek out the vein for just a saline push-in then takes the professional help of an experienced nurse it's a shame not just for the doctor in question but also for the entire nation. Definitely of these facts have deep connections to progression of medical studies and quality of future doctors in Bangladesh.

8. DEBASEMENT OF HEALTH PROVIDERS' IMAGE

Bangladesh suffers from a severe lack of quality, reliable health care services and an insufficient supply of healthcare organizations to match growing demand. Specifically, there's a serious supply gap between the care available to the poor and therefore the rich, especially in light of the growing bourgeoisie. A serious finding from the household survey was that patients are dissatisfied with the way doctors in government facilities behave towards them. The behavior of doctors towards them is one among the most determinants of satisfaction of state health service users [92]. Though private hospitals and clinics have mushroomed within the country over the years the standard of services delivered by most of these is found to be poor. Surprisingly, quite 40% of personal hospitals, clinics, blood banks and diagnostic centers aren't registered with the relevant agency [93]. Patients and their families are found to be more appreciative of the services offered by doctors, nurses and other medical staff of foreign hospitals. They find doctors there especially communicative and caring [94]. The amount of hospitals of international or regional standard is sort of a couple of and people are located only in Dhaka. Other cities and towns don't have modern health facilities in their true sense. Taking hostage of dead bodies for not clearing the hospitalization costs by a number of the hospitals is becoming quite common [95-99]. Other allegations also include such as: swapping of a deceased child with a replacement born baby, abducting or stealing neonate [100-102], staff not getting to patients in coma, high ICU [103,104], keeping clinically dead patients in ICU and raising hospital bill [105, 106], wrong diagnosis and treatment [107-114], absence of human touch and care from the hospital staff, not maintaining proper medical record or lack of electronic health record (EHR) or illegible prescription writing [115-125] etc. Hospital acquired infection rates in Bangladesh may exceed 30% in some hospitals, according to Shahida et.al, 2016 [126]. Also, rural practitioners routinely made errors in death certification practices (more than 95%) and medical record quality was poor (more than 70%) [127]. The country has still not introduced the subject of Emergency and Critical care medicine in the curriculum 1 for graduate medical students. The Basic and Advanced life support courses are still not introduced as integral part of physician credentials in our hospitals, especially for those who work in Medicine, Pediatrics, Anesthesia, Emergency etc. Emergency health care exists in name not in real sense [128].

9. PRESENT TREND OF MEDICAL TOURISM

In a press briefing, former health minister of Bangladesh revealed four reasons of Bangladeshi patients seeking medical treatment in abroad (economic solvency, love for treatment abroad, health tourism, and in some cases, for the shortage of suitable treatment facilities within the country) but he couldn't present any statistics about what percentage people go abroad from Bangladesh for treatment and therefore the expenditure involved [129]. However, public health experts, health economists, agents of foreign specialized hospitals and patients revealed that Bangladeshi patients seeking treatment abroad is on an upward trend since patients are unwilling to gamble with their life and health. "People do everything they will to urge an accurate diagnosis. They run from one doctor to a different, change hospitals then on. Eventually they get frustrated once they don't see results. That's why people plan to go abroad for treatment," consistent with director of the Institute of Health Economics at Dhaka University [130]. A coffee confidence on local doctors and flawed diagnosis are forcing an outsized number of Bangladeshis to travel abroad for treatment of medical conditions like cancer, cardiac ailment, autism, infertility, also as medical check-ups. In financial year 2015-16, 165,000 patients from Bangladesh visited different hospitals of India but only around 58,000 medical visas were issued to Bangladeshi nationals. Some 63,000-65,000 patients visited Thailand in 2015 [131, 132]. On a mean 1,000 Bangladeshis attend India daily and a few 10,000 in Malaysia (in a year) to require treatment, as reported by 2 directors of Indian and Malaysian consultancy firms [133]. India, Thailand, Singapore and Malaysia are the foremost visited countries by Bangladeshis medical tourists. rather than playing the blame game, doctors should act responsibly and government should acknowledge its huge responsibility for updating the healthcare sector, consistent with Joint Secretary General, Diabetic Association of Bangladesh (BADAS) and convener of National Health Rights Movement [130]. For Bangladesh's economy, increasing medical tourism means the country economy is losing the amount of money Bangladeshis are spending abroad. About 700,000 people go to abroad every year for treatment spending US\$ 3.5-4.0 billion during the period 2018-2019 which was \$ 2.0 billion in 2012, due to lack of confidence on the local physicians and poor diagnosis system [94, 132]. The middle and lower middleclass families, in many cases, are forced to sell their property or spend life's savings or borrow from others to meet medical expenses abroad. This also drainage hard-earned foreign currency at the same time Bangladesh is becoming health tourism market for neighboring countries. To cash in on the ongoing demand from Bangladesh's rising mid-income population, some hospitals of India, Thailand, Singapore and Malaysia have either opened their liaison offices or hooked clients through their consultants in Bangladesh [133].

10. CONCLUSION

Privatization not only makes services more expensive, but also diminishes equity and accountability in the provision of services. The public sector should remain vital, and the government must remobilize it to provide better provision of healthcare. However, problems such as a lack of personnel, absenteeism, and corruption in the public sector have also contributed to private sector growth. At the same time, affordable formal primary care services are scarce, and what exists is almost exclusively provided by NGOs working on a project basis. NGOs, private organizations and mobile companies also are providing e-Health services to the patients in several areas in Bangladesh. It's important to possess modern hospitals in divisional and district headquarters. But, unwillingness of skilled and senior health professionals to figure outside Dhaka seems to be a serious problem here. As if to follow their footsteps even junior doctors despise postings beyond the capital city. A study on career choices among medical students in Bangladesh revealed that quite 50% respondents wanted to practice abroad about 90% chose major cities as practice locations. consistent with another study, female medical students face challenges from the society also because the family. After marriage, their husbands and in-laws expect them to prioritize their families over their career. These clearly reveal motivation level of qualified doctors having posting in remote areas. It's time the authorities act pragmatically on policies to make female-friendly workplaces everywhere. Specialists and attendants are typically demotivated by poor working conditions, out of line treatment, and absence of vocation movement; private and inadequate experts tried to satisfy patients as against giving medicinally suitable consideration. Be that because it may, alluring facilities may bait senior health experts to urban communities and towns but Dhaka. a strong surveillance is important for assessing the general public health situation in Bangladesh and prompt notification of public health emergency. The relevant policymakers do got to check out the difficulty seriously, if they're really interested to prevent outflow of funds on account of medical treatment abroad and ensure proper health treatment in homeland.

11. RECOMMENDATION

Training of doctors/ nurses and paramedics may be a sine quo non for improving both preventive and therapeutic care. So, arrangements should be made to coach round-the-year two categories of health staff- doctors and nurses belonging to first category to receive training in healthcare management/administration and therefore the second category comprising of village quacks and SSC/HSC passed young men/women to receive training in preventive and first therapeutic care in their respective Thana Health Complex and be designated as village doctor (VHW) to figure in their own village. a number of the ladies will receive training in midwifery and be designated as birth attendant. The training of doctors/nurses will focus, inter alia, on patient-safety and patient-centered-care, during which healthcare is conceived of as a partnership between patients and health professionals. Doctors are going to be motivated to get feedback from patients about their experience. Hospital administration should lay down protocols for all procedures and surgeries, and standardize treatments. Nurses are going to be trained to affix in every ward check-lists like hand-washing/ alcohol rubs, use sanitized gowns and gloves and stress on cleanliness. VHWs and Birth Attendants educate patients and their families, among other things, on the way to maintain healthiness, nutrition level and maintain families' health record. Nurses are often relieved of additional duties by appointing ward clerks. Building on further institutional capacity would be subsequent step within the thanks to improving healthcare. National Health Council (NHC), which is to be headed by the Prime Minister, can provide policy directions and evaluate overall progress in healthcare. the govt can constitute a National Accreditation Council with the health minister at the helm and make accreditation a compulsory requirement for all hospitals, and other healthcare providers maintain a minimum standard. A patient and family advisory council are often constituted for all hospitals, which can lookout of patients' concerns including unnecessary diagnostic tests and procedures and coordinate with management board of hospitals.

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